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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/649,293	08/26/2003	Christopher T. Maus	023134.0128D1US	5478
24283	7590	06/09/2008	[REDACTED]	EXAMINER
PATTON BOGGS LLP				SIEFKE, SAMUEL P
1801 CALIFORNIA STREET				
SUITE 4900			[REDACTED]	ART UNIT
DENVER, CO 80202				PAPER NUMBER
				1797
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				DELIVERY MODE
			06/09/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/649,293	MAUS ET AL.	
Examiner	Art Unit		
SAM P. SIEFKE	1797		

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
 - If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
 - Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 30 May 2008.
- 2a) This action is **FINAL**. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 26-33 and 50-55 is/are pending in the application.
 - 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 26-31 and 50-55 is/are rejected.
- 7) Claim(s) 32 and 33 is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 - a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ . |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____ . | 6) <input type="checkbox"/> Other: _____ . |

DETAILED ACTION

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

The text of those sections of Title 35, U.S. Code not included in this action can be found in a prior Office action.

The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to

consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

Claims 26-31 and 50-55 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brown (USPN 5,307,263) in view of Levin et al. (USPN 5,724,580).

Brown discloses a modular based microprocessor-based health monitoring system that comprises: a glucose monitor that comprises a test strip reader for reading a test strip carrying a sample of biological fluid (fig. 1, ref. 16; col. 7, lines 38-39; col. 17, lines 52-60) and obtaining test results based on the sample or biological fluid and calibration data specific to the test strip (col. 17, lines 9-51); a memory reading device (12) functionally connected (14; col. 7, lines 30-37) to the test strip reader and operable for reading the calibration data from a memory device (col. 17, lines 9-51); a data drive (10) functionally connected (18 to the test strip reader and operable for writing the test results to a memory storage device (EEPROM 94; col. 15, line 65-col. 17, line 8).

Brown states that the blood glucose monitor 16 being connected to the data management unit 10 by cable 18 but states that it may be preferable to construct the blood glucose monitor 16 as a plug-in unit that is placed in a recess or other suitable opening or slot in data management unit 10. Then goes on to state regardless of the manner in which the blood glucose monitor 16 is interconnected with the data management unit 10, both that interconnection and cable 14 are configured for serial data communication between the interconnected devices (col. 7, lines 38-47). Brown discloses a health report server (54) operable for: receiving the test results and additional diagnostic information (col. 11, lines 18-40; col. 11, line 65- col. 12, line 15);

compiling a health report based on the test results and the additional diagnostic information (col. 12, line 65- col. 13, line 15; col. 15, lines 19-44); and transmitting the health report (col. 12, lines 16-28). Brown further discloses a computer station operable (62) for reading the test results from the memory storage device, establishing a network connection with the health report server, receiving the additional diagnostic information, transmitting the test results and the diagnostic information to the health report server, receiving the health report from the health report server and printing the health report (col. 12, lines 29-col. 13, line 46; col. 13, line 60- col. 14, line 8). Regarding claim 2, Brown discloses program instructions stored in data management unit 10 and program instruction stored in program cartridge 42 of handheld microprocessor unit 12 to enable the system to display statistical and trend information either in graphic or alphanumeric format (col. 18, lines 43-47) and also allow trend information to be reported in the health report (col. 11, lines 30-35; col. 19).

Brown does not teach measuring blood lipid levels; additional diagnostic information including: a medical risk index, a recommended weight loss, a five year risk of heart attack, a ten year risk of heart attack, a cardiac age, an extended age a risk of stroke; the health report including a data sheet for newly prescribed drugs and the other currently prescribed drugs; a target weight, a schedule for future testing, a health assessment summary, a coronary risk assessment, a dietary guidelines to lower cholesterol.

Levin teaches a system of generating prognosis and therapy reports for coronary health management that comprises inputting parameters of a user into a hand-held

monitor that includes general information such as doctors ID number, patient's assigned ID number, birth date, sex, height, weight, coronary status, blood pressure, known allergic conditions, cholesterol levels, glucose levels, present drug regimens, smoking habits and exercise regimes (col. 5, lines 1-9). This information is then transferred to a processing server which computes by algorithm and interprets the history of the patient and proceeds to issue a course of action and treatment (col. 5, lines 26-37). The patient report is printed as seen in figure 25a and 25b which includes a medical risk category, in this example the patient is in the highest risk category for a cardiac event in the next year. The report breaks down, lipid profile, antihypertensive therapy, antithrombotic therapy, diabetes, smoking cessation, ideal body weight, program of regular exercise, etc where each therapy describes in depth the patients habits or the addition of a newly prescribed drug and other currently prescribed drugs. It would have been obvious to one having an ordinary skill in the art at the time of the invention to modify Brown to extrapolate to a five year risk of heart attack to give a patient more information regarding their health. This would also provide the patient a preventative health schedule in order to reduce the risk of a cardiac event in the future. Simple algorithmic functions can extrapolate risk factors by taking in factors that contribute to cardiac events. Further, it would have been obvious to one having an ordinary skill in the art at the time of the invention to modify Brown to employ a blood lipid level along with the glucose levels because this provides more knowledge a physician needs to diagnose a patients problems. This further provides the information necessary to perform other tests such as diagnosing hypolipidemic therapy. It would have been

obvious to modify Brown to include essential patient information such as gender, sex, height, age, weight, blood pressure because these are essential vital information used to make up a health report of a patient. Regarding claim 29, it would have been obvious to one having an ordinary skill in that art to modify Brown to employ a diagnostic result that included a medical risk index which puts a patient in a risk category because this raises patient awareness of a problem and therefore increase the chances that a patient will take an action to prevent the future problem diagnosed by the physician. Regarding claim 30, it would have been obvious to one having an ordinary skill in the art to modify Brown to employ a diagnostic information relating to newly prescribed drug and other currently prescribed drugs and if there are any cross-reaction between the newly prescribed drug and the currently prescribed drug because this would prevent placing the patient in a potentially life-threatening event caused by the cross-reaction between two drugs. Regarding claim 31, it would have been obvious to one having an ordinary skill in the art to modify Brown to employ in the health report to include a health assessment summary because this raises patient awareness of a problem and therefore increase the chances that a patient will take an action to prevent the future problem diagnosed by the physician. This type of health assessment is well known in the art to be employed in patient health reports.

Allowable Subject Matter

Claims 32 and 33 are objected to as being dependent upon a rejected base claim, but would be allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claims. The prior art does not fairly suggest or teach a test strip reader for reading a second type of test strip carrying a second sample of biological fluid and obtaining health related test results based on the second sample.

Response to Arguments

Applicant's arguments filed 5/30/08 have been fully considered but they are not persuasive. Applicant argues, "the teaching of extrapolating a five-year riskc of heart attack is not found in the proposed combination. Therefore, the Examiner has not made a prima facie case for obviousness." Levin states information is transferred to a processing server which computes by algorithm and interprets the history of the patient and proceeds to issue a course of action and treatment (col. 5, lines 26-37). The Examiner states it would have been obvious to one having an ordinary skill in the art at the time of the invention to modify Brown to extrapolate to a five year risk of heart attack to give a patient more information regarding their health. This would also provide the patient a preventative health schedule in order to reduce the risk of a cardiac event in the future. Simple algorithmic functions can extrapolate risk factors by taking in factors that contribute to cardiac events. Medicine is the practice of maintaining and restoring

human health through the study, diagnosis and treatment of patients. Traditionally, Medicine has been said to be an *art and a science*. The Examiner maintains that through routine experimentation one of ordinary skill in the art would have applied a 5-year risk factor into algorithm form so that a patient can be advised about his or her future condition even though it is an estimate and not concrete science of when a heart attack will or will not occur.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to SAM P. SIEFKE whose telephone number is (571)272-1262. The examiner can normally be reached on M-F 7:00am-5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jill A. Warden can be reached on 571-272-1700. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Samuel P Siefke/
Primary Examiner, Art Unit 1797

June 4, 2008